

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90094 001 \*\*\*\*55.00

**DOCUMENT # L04000079220**

1. Entity Name  
**QUATTRO PROPERTIES, LLC**



Principal Place of Business  
13213 PETUNIA STREET  
PANAMA CITY BEACH, FL 32407

Mailing Address  
13213 PETUNIA STREET  
PANAMA CITY BEACH, FL 32407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06302005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**33-1104085**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**PARKER, KELLY**  
**13213 PETUNIA STREET**  
**PANAMA CITY BEACH, FL 32407**

## 7. Name and Address of New Registered Agent

Name **KELLY P. JENKINS**

Street Address (P.O. Box Number is Not Acceptable)  
**13213 PETUNIA ST.**

City **PANAMA CITY BEACH FL** Zip Code **32407**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Kelly P. Jenkins*

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

**6/30/05**

DATE

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **PARKER, KELLY**  
STREET ADDRESS **13213 PETUNIA STREET**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**

TITLE **MGR** ☐ Delete  
NAME **PARKER, JAMES**  
STREET ADDRESS **12005 EAGLE ROCK ROAD NE**  
CITY-ST-ZIP **ALBUQUERQUE, NM 81722**

TITLE **MGR** ☐ Delete  
NAME **JENKINS, DOUGLAS**  
STREET ADDRESS **13213 PETUNIA STREET**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**

TITLE **MGR** ☐ Delete  
NAME **PARKER, CATHERINE**  
STREET ADDRESS **12005 EAGLE ROCK ROAD NE**  
CITY-ST-ZIP **ALBUQUERQUE, NM 81722**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **KELLY P. JENKINS**  
STREET ADDRESS **13213 PETUNIA STREET**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32407**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Kelly P. Jenkins* **KELLY P. JENKINS** **6/30/05** **850-258-5830**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #